The Citadel, The Military College of South Carolina

PROPERTY TRANSFER FORM

Transfer Type:
(Check one)

- ☐ Transfer Within The Citadel
- ☐ Transfer Out of The Citadel
- ☐ Transfer Into The Citadel

For Surplus Pick up: _____

Contact Name and Phone Number PLUS Location of the Items to be Transferred

_____

Name/Phone Number of Person Preparing Form

Asset Number	Description	Acquisition Date	Rec. Agency Asset #	New Location		Asset Value
				Bldg#	Room#	

If additional lines are needed go to page 2.

SUBTOTAL THIS PAGE	0.00
SUBTOTAL FROM PAGE 2	0.00
GRAND TOTAL	0.00

RELEASING DEPARTMENT/AGENCY:

Department Name _____ Department Director _____

Signature of Department Director _____ Date _____

Signature of Property Manager _____ Date _____

RECEIVING DEPARTMENT/AGENCY:

Department Name _____ Department Director _____

Signature of Department Director _____ Date _____

Signature of Property Manager _____ Date _____

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PROPERTY TRANSFERS

Asset Number	Description	Acquisition Date	Rec. Agency Asset #	New Location		Asset Value
				Bldg	Room#	

SUBTOTAL THIS PAGE	0.00
SUBTOTAL FROM PAGE 1	0.00
GRAND TOTAL	0.00